Passage to India, With Love
A Report of the India UMVIM Team
February 2009

A team of 13 enthusiastic volunteers, led by Mary Philip and Jim Cramer of Davis UMC, departed from San Francisco on December 27, 2008, to work for two weeks in the slums and villages of India. We found India to be complex, crowded, intriguing, exciting, and daunting, and our two work sites were extraordinary and inspiring. This is our thumbnail report.

We arrived in Mumbai December 29 after nearly 30 hours of travel and were warmly received by Methodist Centre of Mumbai and the Community Outreach Programme (CORP), a project of the Bombay Regional Conference, Methodist Church of India. CORP operates a variety of programs located in 13 sites scattered about the greater Mumbai metropolitan area. These programs are designed to serve the impoverished and oppressed populations of Mumbai: poor slum dwellers, street children, and women. Examples of CORP programs are preschool and childcare centers, after-school tutoring and nutrition programs, residential shelters for street children, educational and medical programs for physically and mentally challenged youth, vocational training for young women, adult literacy courses, family counseling, and senior citizen programs for elderly women. During our week in Mumbai we visited most of the sites, observed many of the programs, and interacted with staff and program participants to the extent possible given language and age differences. This was largely a connectional ministry. In all programs at all sites, we found the staff and program participants to be joyful, exuberant, hopeful, friendly, clean and healthy, and enormously grateful for the opportunities and services provided by the programs.

***Young women learn to become tailors at a vocational training program in Dharavi slum. Photo by Jim Cramer.***

From Mumbai we traveled more than 200 kilometers inland to the town of Jamkhed and the world-famous Comprehensive Rural Health Project (CRHP) founded by Dr. Raj

Arole and Dr. Mabelle Arole. The goal of CRHP is to improve the health of all rural villagers at minimal cost using local resources; it does this by emphasizing preventive medicine and public health, and minimizing the need for hospitals and curative medicine. In order to serve all villagers, CRHP focuses especially on impoverished and oppressed populations: low castes and untouchables, small villages, and women. The centerpiece of the project is village health workers, recruited from the villages in which they work and usually low-caste, illiterate women. The village health workers are trained by CRHP to provide basic preventive and public health services: midwifery, vaccinations, screening for easily treatable diseases like TB and leprosy, nutrition advice, infant rehydration, and local programs for clean water and sanitation. Village health workers now function in more than 200 villages surrounding Jamkhed. CRHP operates a hospital to which village health workers refer more serious medical cases. Finally, CRHP recognizes that poverty often is the underlying cause behind many diseases and health problems, and they provide income-generating services such as micro-credit programs, vocational training, and agricultural advice and demonstration at a model sustainable farm. During our week at CRHP we met with village health workers, visited nearby villages, talked at length with Dr. Raj Arole and his daughter Dr. Shobha Arole, toured the new hospital, and worked for four days at the model farm, where we built an extension to the dairy barn, painted a building, and planted about 1,000 trees.

***A village health worker in a small, progressive village shows her medical kit to the VIM team. Photo by Jim Cramer.***

Both CORP and CRHP are well established and highly impressive programs that provide valuable services to poor and oppressed populations in Maharashtra state. We were thrilled to learn about these programs and are eager to talk about them at Cal-Nev churches. Our trip mostly was educational and connectional, as there were limited opportunities to help by contributing our own labor. Our only direct contribution was at the model farm near Jamkhed, where we worked alongside local staff, to the great joy of all. At each site our most important material contribution was money. Through the generosity of Davis UMC and the team volunteers, we were able to make significant contributions to programs at both CORP and CRHP. At CORP we contributed much-needed office equipment (printer, fax, and mobile phones) and seven sewing machines

for their vocational training program. At CRHP we contributed the materials used for construction at the model farm as well as two “crash carts” for the new hospital. India is a poor country and these programs serve very poor populations, so both programs operate on shoestring budgets and our contributions were greatly appreciated.

*All members of the VIM India team are eager to talk about our experiences and to continue fundraising for these two truly impressive programs; contact Mary Philip at Mary.Philip@cdph.ca.gov or Jim Cramer at jcramer@ucdavis.edu for further details. You may contribute to both programs through UMCOR Advance Directives: for CORP, #2121383; and for CRHP, #3020779.*

In addition to spending a week at each of the two programs, we enjoyed five days of sightseeing - Taj Mahal, Ellora Caves, Amber Fort, and other tourist attractions in the Agra-Jaipur-Delhi area. It’s OK to have fun!! India is a vast and complex society that defies easy description. We saw abundant evidence of a booming economy and prosperity as well as gut-wrenching poverty; great beauty as well as disgusting filth and garbage; and a culture that is both modern and hi-tech as well as ancient and tradition-bound. We hope more VIM teams choose to go to India and learn about this fascinating and important society.